



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/088,044
Filing Date: March 14, 2002
Applicant: Roger K. Duance
Group Art Unit: 2872
Examiner: To Be Assigned
Title: SENSOR MEMORY ELECTRONIC CIRCUIT

Attorney Docket: SCH-00062

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

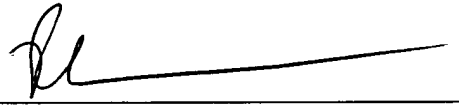
STATUS LETTER

Sir:

Please advise when we may expect an Office Action in the above-identified patent application, which was filed on March 14, 2002.

Respectfully submitted,

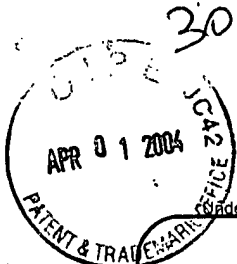
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Dated: March 29, 2004

PRW:jmz



2872

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/088,044
	Filing Date	March 14, 2002
	First Named Inventor	Roger K. Duance
	Art Unit	2872
	Examiner Name	To Be Assigned
Total Number of Pages in This Submission	Attorney Docket Number	SCH-00062

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<div>Remarks</div> <p>Applicant believes no fee to be due for the attached filing, however, should additional fees be due in order to prevent the abandonment of this application, please consider this as authorization to charge Deposit Account No. 501612 (Warn, Burgess & Hoffmann, P.C.) for any such fees due. A duplicate copy of this document is enclosed for this purpose.</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Warn, Burgess & Hoffmann, P.C. Philip R. Warn - Reg No. 32775
Signature	
Date	March 29, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Philip R. Warn - Reg. No. 32775		
Signature		Date	March 29, 2004

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